## **Application Data Sheet**

Middle Name::

Application Information	
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	SUCTION DEVICE
Attorney Docket Number::	LIANG12
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	3
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Taiwan
Status::	Full Capacity
Given Name::	Chi-Wang

Family Name:: LIANG Name Suffix:: City of Residence:: Jhonghe City State or Province of Residence:: Country of Residence:: Taiwan Street of Mailing Address:: No. 111, Minsiang St., Taipei County 235 City of Mailing Address:: Jhonghe City State or Province of Mailing Address:: Country of Mailing Address:: Taiwan Postal or Zip Code of Mailing Address:: Inventor Applicant Authority Type:: Primary Citizenship Country:: Taiwan Status:: **Full Capacity** Given Name:: Chung-Heng Middle Name:: Family Name:: YANG Name Suffix:: City of Residence:: Taiping City

State or Province of Residence::

Country of Residence:: Taiwan

Street of Mailing Address:: No. 43, Alley 7, Lane 336, Shusiao Rd.,

**Taichung County 411** 

City of Mailing Address:: Taiping

State or Province of Mailing Address::

Country of Mailing Address:: Taiwan

Postal or Zip Code of Mailing Address::

**Correspondence Information** 

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

**Domestic Priority Information** 

Application:: Continuity Type:: Parent Parent Filing

Application:: Date::

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## **Foreign Priority Information**

Country::

Application Number::

Filing Date::

**Priority Claimed::** 

Taiwan

93101428

01/19/04

No

## **Assignment Information**

Assignee Name::

Chi-Wang LIANG

Street of Mailing Address::

No. 111, Minsiang St., Taipei County 235

City of Mailing Address::

Jhonghe City

State or Province of Mailing Address::

Country of Mailing Address::

Taiwan

Postal or Zip Code of Mailing Address::